

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <i>Edward Rainey</i>	COURT CASE NUMBER <i>CA 08-1025CR</i>
DEFENDANT <i>Eugene R. Bailey</i>	TYPE OF PROCESS <i>OC</i>
SERVE AT ▶ { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Dunland State Port Corp (302) 472 7678 David Clements 1 Hausel Road Wilm, De. 19801-5852 Steve Hinkle Anthony Knight	ACTER
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285 <i>7</i>
<i>Mark Williams - Witness</i> <i>Dave Clements (302) 898-7414</i> <i>Steve Hinkle (302) 5939427</i> <i>George - Witness</i>	Number of parties to be served in this case <i>7</i>
	Check for service on U.S.A. <i></i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

*Periorbital Contusion Report
Level 3 Grievance's - FY 2007 - #20
Crime Report From ~~the~~ W.P.D
Work Place Violence Policy Section 522 Effective Date
Edward Rainey*

Signature of Attorney or other Originator requesting service on behalf of:

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER <i>(302) 594-1088</i>	DATE <i>6-4-08</i>
<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin <i>No. 15</i>	District to Serve <i>No. 15</i>	Signature of Authorized USMS Deputy or Clerk <i>5f</i>	Date <i>7-21-08</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>Matthew Eskridge Security Supervisor</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.					
Address (complete only if different than shown above) <i>ED</i>	Date of Service <i>7/22/08</i>	Time <i>245 pm</i>				
JUL 23 2008 <i>66</i>	Signature of U.S. Marshal or Deputy <i>BR Bailey</i>					
Service Fee <i>450</i>	Total Mileage Charges <i>DISTRICT OF DELAWARE</i>	Forwarding Fees <i>15</i>	Total Charges <i>450</i>	Advance Deposits	Amount owed to U.S. Marshal or <i></i>	Amount of Refund

REMARKS: *David Clements Have more if needed.
Please call him, 898-7914 Business Agent, ILA Local 1694-1*